

Is your RETURN ADDRESS completed on the reverse side?

SENDER: *8/27/2011*

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Chief of Criminal Appeals  
 Illinois Attorney General's Office,  
 100 West Randolph - 12th Floor  
 Chicago, IL 60601

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

7004 2510 0001 9802 7392

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt requested
- COD

RECEIVED

5. Received By: (Print Name)

JUN 16 2008 (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

Office Of The Attorney General  
 Office Services

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Print your name, address, and ZIP Code in this box •

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JUN 24 2008 TC

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MICHAEL W. DOBBINS  
 CLERK, U.S. DISTRICT COURT

08cv2917  
 United States District Court  
 219 S. Dearborn St  
 Chicago, IL 60604

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JUN 24 2008

MICHAEL W DOBBINS  
 CLERK, U. S. DISTRICT COURT